



16152 U.S. PTO

Practitioner's Docket No. 1187-001

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

22386 U.S. PTO  
10/750640



NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Kathleen M. Bartz

For (title): ENERGIZATION CYCLE COUNTER FOR INDUCTION HEATING TOOL

1. Type of Application

This application is for an original (nonprovisional).

2. Papers Enclosed

- A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application

12 Page(s) of Specification  
4 Page(s) of Claims  
1 Page(s) of Abstract  
4 Page(s) of Informal Drawings

EXPRESS MAILING UNDER 37 C.F.R. § 1.10\*

(Express Mail label number is mandatory.)

(Express Mail certification is optional)

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date EL99242736145 in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee" Mailing Label No.

Roni L. Masquelier

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Date: 01-02-04

Roni L. Masquelier  
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**B. Other Papers Enclosed**

2 Page(s) of declaration and power of attorney - executed  
2 Page(s) of Application Data Sheet (ADS)

**3. Declaration or Oath**

Is attached.

**4. Language**

English

**5. Assignment**

An assignment of the invention will follow.

**6. Fee Calculation (37 C.F.R. § 1.16)**

Regular Application

CLAIMS AS FILED										
Number Filed		Number Extra		Rate		Basic Fee 37 C.F.R. § 1.16(a) \$770.00				
Total Claims (37 C.F.R § 1.16(c))										
24	–	20	=	4	x	\$	18.00	=	\$	72.00
Independent Claims (37 C.F.R § 1.16(b))										
3	–	3	=	0	x	\$	84.00	=	\$	0.00
Multiple Dependent Claim(s), if any (37 C.F.R § 1.16(d))										
						\$	280.00		\$	0.00

Filing Fee Calculation

\$385.00

**7. Fee Payment Being Made at This Time**

Enclosed

Filing Fee

\$385.00

Additional Claims

\$72.00

**Total Fees Enclosed**

**\$457.00**

**8. Method of Payment of Fees**

Attached is a check in the amount of \$457.00.

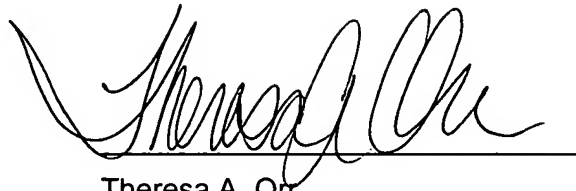
Charge any additional fees required by this paper or credit any overpayment to deposit account no. 50-1097.

**9. Instructions as to Overpayment**

Refund.

Date:

12/31/03

A handwritten signature in black ink, appearing to read 'Theresa A. Orr', is written over a horizontal line.

Theresa A. Orr  
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